Request for Approval of Outside Professional Work for Compensation (Form 1460)

TO BE COMPLETED BY THE APPLICANT:

Last Name | First Name | Middle initial

Employee ID (found here) | Campus Box # | Are you here on a visa? No ☐ Yes ☐ Visa Type:

Email address: | Job Title

Department/Program | College/School | Campus

FTE (*if part time, indicate percentage*): ☐ Full Time *or* ☐ Part Time _____%

Service period: ☐ 9 months *or* ☐ 12 months *or* _____ other

Name of Organization for whom work will be performed

Type of Organization:
☐ Private: For-Profit ☐ Private: Not-For-Profit ☐ Public: Federal ☐ Public: State ☐ Public: Local

Category of Activity (*Check all that apply*):
☐ Professional/Private Practice (1) ☐ Performing Arts (2) ☐ Consultant (3) ☐ Speaker (4) ☐ Board Member (5)
☐ Editor (6) ☐ Expert Witness (7) ☐ Professional/Cont. Education (8) ☐ Scientific/Technical/Expert Advisor (9)
☐ Reviewer of Research Proposals or Manuscripts for Publication (10) ☐ Other (11)

Period of Work (*period of work per request must fall within the range of an academic year, which begins 7/1 and ends 6/30. A separate request must be made for a period of work that crosses into another academic year. ie: an event spanning from May 1 – Sept 1 will need two requests, one from 5/1-6/30 and a second from 7/1 – 9/1*).

From (*mm/dd/yyyy*): | To (*mm/dd/yyyy*): | Total Number of Days Requested For Activity During This Period:

Describe the activities to be performed. Include the nature and scope of the activities & their relationship (or lack thereof) to your UW responsibilities:

Answer "yes" or "no" for each question below. For each "yes" response, please provide additional pertinent information and a proposed conflict management plan. Additional pages may be submitted as attachments as necessary.

1) ☐ Yes ☐ No Do you, or any member of your immediate family, hold a management position with the organization for which the work is to be performed? If yes, provide the title and responsibilities.

2)	☐ Yes ☐ No	Do you, or any member of your immediate family, participate in the ongoing day-to-day operations of the organization? If yes, describe the operations involved.
3)	☐ Yes ☐ No	Do you, or any member of your immediate family, have a continuing advisory role with the organization? If yes, provide the dates (past, present, future), indicate whether or not a consulting agreement exists, and describe the nature and scope of the consulting activity.
4)	☐ Yes ☐ No	Do you, or any member of your immediate family, have an ownership or deeper involvement with the organization for which the work is to be performed? If yes, describe the ownership or deeper involvement as it relates to the Policy (Sec. 6) and indicate who has the involvement.
5)	☐ Yes ☐ No	Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If yes, describe the intellectual property and its state of development.
6)	☐ Yes ☐ No	Will this activity result in the transfer or use of UW intellectual property which is currently obligated or licensed to another entity? If yes, name the entity and list the intellectual property.
7)	☐ Yes ☐ No	Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If yes, explain why the intellectual property is not publically available.
8)	☐ Yes ☐ No	Will this activity require that you conduct original research as part of the activity? If yes, describe the nature and scope of the research, and explain why it is not being conducted through a UW-sponsored research agreement.
9)	☐ Yes ☐ No	Will University of Washington receive, or do you anticipate UW receiving, research funding from the organization? If yes, describe the project(s) to be funded. Provide eGC1 numbers, if applicable.
10)	☐ Yes ☐ No	Will University of Washington employees or students other than yourself be involved? If yes, name the individuals (or TBD, if presently unknown) and explain their roles in the activity.

The statements above are truthful to the best of my knowledge. With this request for outside work, I acknowledge that I am bound by and I agree to comply with the University Patent, Invention, and Copyright Policy (*Executive Order 36*) ("Policy"), as it may be amended from time to time. In accordance with this Policy, I will disclose all invention and discoveries I create to the UW Center for Commercialization, including any that I create in connection with any outside work. I agree to assign and I hereby assign to the University all my rights in any intellectual property to which the University has a right of assignment under the Policy, provided I created such intellectual property in the course of my University activities or responsibilities or with more than incidental use of University resources.

Date	Applicant (*print*)	Signature

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR

Evaluation of Request by Department Chair/Program Director:

☐ Recommended ☐ Not Recommended ☐ Excluded from policy (Section 5).

Date	Department Chair/Program Director (*print*)	Signature

TO BE COMPLETED BY THE DEAN/CHANCELLOR/VICE PROVOST

Evaluation of Request by Dean/Chancellor/Vice Provost:

☐ Recommended ☐ Not Recommended ☐ Excluded from policy (Section 5).

Date	Dean/Chancellor/Vice Provost (*print*)	Signature

TO BE COMPLETED BY THE OFFICE OF THE PROVOST

Acknowledgement of receipt of form, further review by Provost needed: ☐ Yes ☐ No

Date	Office of the Provost (*print*)	Signature

Evaluation of Request by the Provost *or* Designee (*If needed, indicated above*):

☐ Recommended ☐ Not Recommended

Requirements upon which Approval is Conditional (*if any*):

Date	Provost *or* Designee (*print*)	Signature

PRINT

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

SCHOOL of MEDICINE SUPPLEMENT

TO BE COMPLETED BY APPLICANT:

(A) What is the total amount of compensation that you anticipate receiving for the activity listed on the attached request form? This should exclude payment for, or reimbursement of, direct expenses incurred in the activity (see question C below).
The UW Outside Work Policy defines compensation to include: payments of any kind, equity interests (e.g., stock or options), and intellectual property. Under the policy, it is still considered compensation even if you waive or assign compensation or if the compensation is in kind.

(B) Please provide the basis on which the amount of payment was calculated. (For instance, if you will be paid an hourly rate, please provide the rate and total hours you expect to work; if you will be paid a lump sum, please estimate the number of hours or days of work the outside employment will require.)

(C) Will expenses be paid for the following items in addition to the compensation listed in question A above?

Travel	☐ Yes	☐ No
Lodging	☐ Yes	☐ No
Food and beverage	☐ Yes	☐ No
Other (please specify)	☐ Yes	☐ No

(D) Please indicate if you believe this rate or amount of compensation represents the fair market value for your services and explain why. For example, this rate may be the industry standard for such activity performed by someone with your level of education and expertise, or it may be equivalent to your UW salary rate.

Date Applicant (print) Signature

TO BE COMPLETED BY THE DEPARTMENT:

Evaluation of Request:

Based on my knowledge of this academic discipline, the compensation commonly paid for activities of this kind in the field, and the experience and expertise of this faculty member,

(*check one*)

☐ I recommend

☐ I do not recommend

that the compensation for this outside work request be approved as fair market value.**

Date	Department Reviewer (print)/Title	Signature

** If at the time of the Department's initial review, the preliminary determination is to not recommend approval, then the Department should take the following steps:

1) Notify the applicant of the preliminary determination and the basis for it;
2) Determine if the applicant wants further internal department review and provide the applicant the opportunity to submit additional information;
3) If a review is requested, conduct that review according to the Department's internal review process; and
4) Submit a final evaluation to the Director of Regulatory Guidance.

If the Department's final evaluation after completing the internal review is to not recommend approval, the Department notifies the applicant in writing with a statement of the reason(s). There is no further review after the Department's final evaluation that the compensation is not fair market value.

TO BE COMPLETED BY THE DEAN'S OFFICE:

Evaluation of Request

Approved: ☐ Yes ☐ No

Date	Dean's Reviewer (print)/Title	Signature

If not approved, attach the statement of the reason provided by the Review Panel to this supplement and return a copy to Department and Applicant.